

## DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814



August 20, 1975

ALL-COUNTY LETTER NO. 75-185

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FOOD STAMP PROGRAM - STUDENT TAX DEPENDENCY FORMS, TEMP 1038 and DFA-426

## REFERENCE:

Attached for your information and planning are advance copies of student tax dependency forms and instructions for use in implementing a forthcoming revision of the Food Stamp Manual which establishes a tax dependency eligibility criteria for students enrolled in institutions of higher education.

Regulations which will provide the authority for the use of these forms are currently being drafted by the Department. The attached forms are provided to allow you to familiarize yourselves with their format and contents. The forms are not to be used by any county until the regulations governing their use are adopted.

The attached Form Temp 1038, Tax Dependency Statement for Student Applicant households, is completed by the student and is for temporary use only pending its incorporation into the WR-2, WR-2A, and DFA-285 application forms. Form DFA-426 is a permanent form and will be sent to parents or guardians of applicant students.

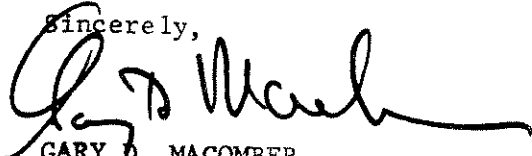
Bulk supplies of these forms will not be available for another 60 to 90 days for ordering through the usual channels. However, you will be sent an initial limited supply within the next few weeks. Adequate data for estimating the number of students on food stamps is not now readily available and you should review your own needs carefully before placing your bulk orders. In estimating the number of forms to order the following information may be helpful: 1) all students must fill out Form Temp 1038 but, 2) not all parents of students will be routinely sent Form DFA-426.

# OBSOLETE

Superseded by ACL # 77-15Issued 3-17-77

Public Hearing proposed regulations implementing student tax dependency are forthcoming and will provide subsidiary information on the use of the tax dependency forms. After you have reviewed this proposed regulation package, any questions regarding the use of these forms should be directed to Charles Teal of the Food Stamp Program Policy Coordination Bureau at (916) 445-6907. Questions regarding estimates on number of forms to order and other related county operational problems should be addressed to Rich Macaluso of the County Operations Unit at the same number.

Sincerely,



GARY D. MACOMBER  
Deputy Director

cc: FNS, USDA

Attachment

37310294

(COUNTY STAMP)

Case No.:  
Worker No.:  
District:  
Date:  
Case Name:

Dear \_\_\_\_\_:

\_\_\_\_\_ has applied for food stamps, a program designed to aid low-income households to purchase food items for a nutritionally adequate diet, in the certification office nearest his/her college or university.

The law requires that we verify whether the applicant is a properly claimed tax dependent of another household (i.e., the household must be providing and intend to continue providing over half the applicant's support during the current calendar year, January 1-December 31). In addition, the household claiming the applicant as a tax dependent must be able to meet the income and resource criteria for eligibility in the Food Stamp Program.

In view of the above, please complete the attached form DFA 426, signed by the taxpayer or spouse, and return it by mail in the enclosed self-addressed envelope.

Part I of the Form verifies whether you have claimed the applicant as a tax dependent in the past and if you intend to claim him/her again for the current tax year. Part II includes a statement on the amount and sources of the support you are providing to the applicant during this calendar year. Part III provides information concerning your potential eligibility for food stamps based upon your income and resources.

Please complete the attached form and return it to the above food stamp office address promptly so that we may proceed with the processing of the application without delay.

Thank you for your cooperation.

Sincerely

FORM DFA 426 IS TO BE USED IN DETERMINING ELIGIBILITY FOR THE APPLICANT ONLY. THIS DOES NOT ENTITLE YOUR HOUSEHOLD TO FOOD STAMP BENEFITS. SHOULD YOU DESIRE TO APPLY, YOU MUST CONTACT YOUR LOCAL FOOD STAMP OFFICE.

## TAXPAYER HOUSEHOLD DEPENDENCY AND FINANCIAL ELIGIBILITY STATEMENT

NAME (TAXPAYER OR SPOUSE)

STREET ADDRESS

CITY, STATE AND ZIP CODE

## COUNTY USE ONLY

COUNTY

DISTRICT

CASE NAME

CASE NUMBER

WORKER NUMBER

## PART I. TAX DEPENDENCY

1. Have you properly claimed the applicant as a tax dependent for Federal income tax purposes for the past tax year? (In order to have properly claimed the applicant as a tax dependent, you must have provided over half his/her support during the past calendar year, January 1 — December 31.)

☐ YES      ☐ NO

SPECIFY TAX YEAR \_\_\_\_\_

2. Do you expect to properly claim the applicant as a tax dependent for the current tax year? (In order to properly claim the applicant as a tax dependent, you must be providing and expect to continue providing over half his/her support during the current calendar year, January 1 — December 31.)

☐ YES      ☐ NO

SPECIFY TAX YEAR \_\_\_\_\_

If you have answered "YES" to Question 2, go on to Question 3.

If you have answered "NO" to Question 2, do not answer Question 3. Complete only Part II. You should not complete Part III.

3. Is the head of your household (primary taxpayer) currently certified to participate in:

	YES	NO	CASE NUMBER
The Food Stamp Program?	<input type="checkbox"/>	<input type="checkbox"/>	_____
The Food Distribution Program?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Aid to Families with Dependent Children (AFDC)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Supplemental Security Income (SSI)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
General Assistance?	<input type="checkbox"/>	<input type="checkbox"/>	_____

If you have answered "YES" to any part of Question 3, complete ONLY Part II. You should NOT complete Part III.

If you have answered "NO" to all parts of Question 3, complete BOTH Part II and Part III.

**PART II. SUPPORT PROVIDED TO THE APPLICANT**

List all items of support you are providing the applicant during the current calendar year (January 1 - December 31).

**1. CASH PAYMENT**

How much money do you give the applicant?

\$ \_\_\_\_\_

(Check one:)

☐ Weekly

☐ Monthly

☐ Other - specify \_\_\_\_\_

**2. DIRECT OR VENDOR PAYMENTS**

Do you pay any of the applicant's expenses directly?

☐ YES

☐ NO

Specify the expense (i.e., tuition, rent, car payment, car insurance) and the period your payment is intended to cover (i.e., monthly payment entire school term).

**EXPENSE PAID FOR APPLICANT**

**AMOUNT**

**PERIOD PAYMENT COVERS**

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

3. Do you know of any other items of support available to the applicant?

(For each of the items you have checked, specify source and amount.)

**AMOUNT SOURCE**

<input type="checkbox"/>	Scholarships, Fellowships	_____	\$ _____
<input type="checkbox"/>	Student Loans, Grants, or	_____	\$ _____
<input type="checkbox"/>	Financial Aid	_____	\$ _____
<input type="checkbox"/>	Social Security Benefits	_____	\$ _____
<input type="checkbox"/>	G.I. Loans	_____	\$ _____
<input type="checkbox"/>	V.A. Benefits	_____	\$ _____
<input type="checkbox"/>	Earnings	_____	\$ _____
<input type="checkbox"/>	Resources of Applicant's Own	_____	\$ _____
<input type="checkbox"/>	(Savings Account, Stocks, Bonds, etc.)	_____	\$ _____
<input type="checkbox"/>	Access to Parents' Resources	_____	\$ _____
<input type="checkbox"/>	(i.e., Credit Cards)	_____	\$ _____
<input type="checkbox"/>	Other (explain in space below)	_____	\$ _____

### PART III. FINANCIAL ELIGIBILITY STATEMENT

1. NUMBER OF PERSONS IN YOUR HOUSEHOLD \_\_\_\_\_

Include the total number of persons currently living in your household. Do not include roomers (shelter for compensation), boarders (meals, or shelter and meals for compensation), or persons who provide nursing care, housekeeping service, or child care. Is any person in your household 60 years of age or older? ☐ Yes ☐ No

2. RESOURCES: Resources include cash on hand, money in checking or savings accounts (including credit unions) stocks, bonds, and other items which can be easily changed into cash, as well as real property, buildings, and personal property (such as campers, snowmobiles, boats, motors, etc.). Do not include your home, personal items (clothing, books, etc.), household goods, or one licensed automobile and any other vehicle necessary for the employment of household members. If none, write "NONE."

TYPE OF RESOURCE	PRESENT MARKET VALUE	AMOUNT OWED
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

MONEY-MAKING RESOURCES: List all resources used to produce income such as rented property, real estate or personal property, etc. If none, write "NONE."

TYPE OF RESOURCE	MONTHLY INCOME	PRESENT MARKET VALUE	AMOUNT OWED
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

3. (a) INCOME. (List income from all sources except self-employment or farm operations.) This includes, but is not limited to: earnings from employment or training, social security or railroad retirement benefits; vacation pay; unemployment compensation; strike benefits; dividends and interest; foster care payments; annuities and pension; child support and alimony; boarder and/or roomer payments, etc. If None, write "NONE."

SOURCE OF INCOME (Name of Agency, Firm or Employer if from earnings)	GROSS AMOUNT	NET INCOME FROM EARNINGS	HOW OFTEN RECEIVED					Other
			Weekly	Every 2 Weeks	Twice Monthly	Monthly		
_____	\$ _____	\$ _____						
_____	\$ _____	\$ _____						
_____	\$ _____	\$ _____						
_____	\$ _____	\$ _____						
_____	\$ _____	\$ _____						

(b) SELF-EMPLOYMENT INCOME OR FARM INCOME

Show net income (gross income minus all major business-related expenses). Do not include salary paid to owner-operator as an expense.

Net Amount \$ \_\_\_\_\_ (Check one: ☐ Monthly ☐ Yearly )

I certify that this statement has been examined by me (or read to me) and that the information given is true and correct to the best of my knowledge and belief. I understand the penalties for making a false statement.

### 5. CERTIFICATION

HOW OFTEN ARE EXPENSES PAID		AMOUNT	
Weekly	Every 2 Weeks	Twice Monthly	Monthly
<p>4. EXPENSES</p> <p>Give the following information about your household expenses.</p> <p>LIST ONLY THOSE EXPENSES ACTUALLY BEING PAID.</p>			
<p><b>SHELTER</b></p> <p>a. Rent or mortgage payment on home. . . . . \$</p> <p>b. Utilities (if not included in rent)</p> <p>(1) Heating and cooking fuel (including wood) . . . . . \$</p> <p>(2) Electricity. . . . . \$</p> <p>(3) Telephone (basic charge for one) . . . . . \$</p> <p>(4) Water. . . . . \$</p> <p>(5) Sewage and/or garbage disposal fees . . . . . \$</p> <p>c. Taxes and assessments - (Yearly payments)</p> <p>(1) Real estate taxes on home. . . . . \$</p> <p>(2) Special assessments (if required by law). . . . . \$</p> <p>d. Fire insurance premium. . . . . \$</p>			
<p><b>MEDICAL</b> (list only if total cost averages over \$10 monthly)</p> <p>a. Physician and dental services. . . . . \$</p> <p>b. Hospital or nursing care . . . . . \$</p> <p>c. Health insurance and medicare . . . . . \$</p> <p>d. Prescription drugs . . . . . \$</p> <p>e. Transportation costs for medical care . . . . . \$</p> <p>f. Other (specify)</p>			
<p><b>UNUSUAL</b></p> <p>a. Replacement or repair of property damaged or lost through vandalism, fire, theft, flood, storm, etc. (Explain on separate page, sign and date). . . . . \$</p> <p>b. Funeral expenses paid by a member of the household. . . . . \$</p>			
<p><b>OTHER</b></p> <p>a. Payments for the care of a child or another person when necessary for a household member to work outside the home . . . . . \$</p> <p>b. Tuition and mandatory fees for education (do not include tuition or educational fees paid for the applicant or for any other student not living in your home) . . . . . \$</p> <p>c. Court-ordered support/alimony payments . . . . . \$</p>			

**FOOD STAMP PROGRAM  
IMPORTANT NOTICE TO APPLICANT HOUSEHOLDS CONTAINING A STUDENT**

Present law requires a student who is (1) 18 years of age or older and (2) who is enrolled at least halftime in an institution of higher education, to meet the federal tax dependency eligibility criteria in addition to other eligibility criteria in order to qualify for Food Stamp Program participation.

In order for us to determine if you meet the tax dependency criteria, it is necessary that you complete the attached federally required form (TEMP 1038). The following is applicable to the processing of this form:

1. It may be necessary to contact your parents or guardian by a questionnaire (Form DFA 426) for additional verifications; see instructions and explanation on back of Form TEMP 1038.
2. If your parent(s) or guardian do not return the questionnaire sent to them within 30 days from the date of your Food Stamp Application, **your** application must be denied in accordance with provisions in Food Stamp Manual Sections 63-2243.4 and 63-2350.
3. If your application is denied on the basis of the information provided by your parents, or guardian, you have a right to appeal through the fair hearing process. Should you demonstrate through the fair hearing process that you are not a properly claimed tax dependent, you will be certified for food stamp participation, provided that you are otherwise eligible.

Please return the completed form promptly to the food stamp certification office so that your application can be processed within the required 30 days.

If you have any questions please contact me.

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Eligibility Worker

Telephone Number

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# FOOD STAMP PROGRAM TAX DEPENDENCY STATEMENT FOR STUDENT APPLICANT HOUSEHOLDS

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of Head of Household  
(If same as student, enter "same")

1. Were you a properly claimed federal tax dependent of another household for the past calendar year?
2. Do you expect to be a properly claimed federal tax dependent of another household for the current calendar year? (To be a properly claimed tax dependent of another household, that household must be providing and intend to continue providing over half of your support during the current calendar year, January 1–December 31):
3. Are you being claimed currently by another household as a specific payroll tax withholding deduction?

**IF YOU ANSWERED "YES" TO QUESTION NO. 2, YOU MUST ANSWER QUESTION NO. 4**

4. Is the taxpayer household currently certified to participate in either the Food Stamp Program; Food Distribution Program; Aid to Families With Dependent Children; SSI; or General Assistance Program?

If you answered "yes" indicate **program** and **county** and **state** where the benefits are being received and the name under which the benefits are received.

\_\_\_\_\_

\_\_\_\_\_

**IF YOU ANSWERED "NO" OR "UNKNOWN" TO QUESTION NO. 4, YOU MUST ANSWER QUESTION NO. 5.**

5. If the taxpayer household is not currently certified in any of the above programs listed in question No. 4, is it your opinion that the household would be eligible for food stamps based on its income and resources?
6. If you have answered "unknown" to any question, or "yes" to questions 1, 2 or 3, you must provide the name and address of your parent(s) or guardian (taxpayer household) in space below. If the information provided by you on a "yes" response to No. 4 is adequate, this may expedite your certification. Failure to provide the complete name and address of your parents is grounds for immediate denial of your application, under provisions of California Food Stamp Manual Section 63-2243.1.

\_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

I certify that this statement has been examined by me (or read to me) and that the information given is true and correct to the best of my knowledge and belief. I understand the penalties for making a false statement.

Penalties for fraud: The State and Federal law provides penalties including a fine, imprisonment or both for persons found guilty of obtaining food stamps for which they are not eligible by making false statements; or failing to report promptly any changes in their circumstances. If evidence indicates that such individuals have willfully violated the law, they will be referred to the proper law enforcement authority for investigation and possible prosecution. Anyone who aids another person to obtain food stamps fraudulently is subject to the same penalties.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

# FORM INSTRUCTION (To Eligibility/Certification Worker)

## 1. Purpose of TEMP 1038

Pending incorporation of the tax/dependency statement into the food stamp application, TEMP Form 1038 must be completed by all applicant households containing one or more students to whom the tax dependency criteria are applicable as provided in Manual Section 63-2240. This form, used in conjunction with the application, is designed to assist the certification worker in determining whether the student is financially independent from his parent(s) or guardian and is not claimed as their dependent for federal tax purposes.

## 2. Actions Needed in Relation to Student Responses

RESPONSES	YES	NO	UNKNOWN
Question No. 1	DFA 426 must be sent.	Inconclusive, coordinate with No. 2	DFA 426 must be sent.
No. 2	Whether a DFA 426 must be sent, depends on the answers to No. 4 and No. 5.	Meets Tax Dependency criteria unless questionable circumstances exist — see item 3, below.	DFA 426 must be sent.
No. 3	DFA 426 must be sent.	Meets Tax Dependency criteria unless questionable circumstances exist — see item 3, below.	DFA 426 must be sent.
No. 4	DFA 426 must always be sent, but if enough information is provided to obtain necessary verifications from telephone contacts with the appropriate government agency, the household may be certified pending receipt of the DFA 426.	Inconclusive — depends on answer to No. 5.	DFA 426 must be sent.
No. 5	DFA 426 must be sent.	Is ineligible if answer to No. 4 is also "NO."	DFA 426 must be sent.

## 3. Questionable Status

- In each of the following instances of questionable tax dependency status a Form DFA 426 must be sent.
- When the income and/or resources as evidenced on the application or noted by the EW in the interview process are clearly inconsistent with the person's present or recent earning abilities. For example, a student owning an expensive late model automobile whose earnings record indicates he could not possibly have purchased this item without a major subsidy from another party.
  - When a student is currently receiving income within the calendar year from a parent or guardian.
  - When a student is being claimed currently as a specific deduction on the Federal or State paycheck withholding of a "noneligible" parent or guardian.
  - When a student claims not to know his/her tax dependency status, or has made responses on the questionnaire that keys a DFA 426 response.

## For County Use Only

## Form Controls

- Is completion of a parent's letter, Form DFA 426 required ☐ Yes ☐ No
- Food Stamp Application date \_\_\_\_\_
- Date form DFA 426 mailed to parent or guardian \_\_\_\_\_
- Follow-up or other action taken \_\_\_\_\_
- If DFA 426 is sent because of a questionable status (which is not keyed by student response on this form) indicate which of the above items in No. 3 (Questionable Status) is the circumstance relevant to this case. Indicate concisely the specific information that identifies this as a questionable case (e.g., "DFA 285 and county records indicate student has received income from his parents for months of January and June").